

**Coastal Protection & Restoration Authority  
Home Storage Equipment Request Form  
Section I**

Employee Name/Home Address:	Division/Job Classification:	Work Number:
		Home Number:
Description of Item & State Property Tag Number:		
Justification: (This section should indicate the reason/need to have this equipment stored at an employee's home and how long it will be needed.)		

**Section II**

I certify that this equipment will be used for official state business in accordance with state law. It will not be used for personal business. I assume responsibility for the above referenced equipment if it is lost, stolen, damaged or destroyed due to my neglect.

Employee Signature:	Date:
Approved by Immediate Supervisor: (signature)	Date:
Verified by Property Control Liaison: (signature)	Date:
Approved by Executive Director: (signature)	Date:

**Section III**

To be completed by CPRA Property Manager or designee or Section Property Control Liaison

Description of item issued:		Serial Number:		State Tag Number	
Date Issued:	Issued by:	Anticipated Return Date: *	Date of Return:	Received by:	

\*Date returned should not exceed one calendar year from date of issuance.

**PLEASE NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH PIECE OF EQUIPMENT &  
THE ORIGINAL OF THIS FORM MUST BE FORWARDED TO CPRA'S PROPERTY CONTROL MANAGER**